

**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**

KERRY JOHNSON, et al.

*

Plaintiffs

*

v.

*

Civil Action No. 1:06-cv-408

GEICO CASUALTY COMPANY, et al.

*

Defendants

*

CLASS ACTION

* * * * *

DEFENDANTS' FIRST SET OF INTERROGATORIES TO PLAINTIFFS

Propounded pursuant to Federal Rules of Civil Procedure

TO: Plaintiff Sharon Anderson

FROM: Defendants Government Employees Insurance Company, GEICO Casualty Company, GEICO General insurance Company, and GEICO Indemnity Company

You are requested to answer the following Interrogatories:

- a. These Interrogatories are continuing in character, so as to require you to file supplemental answers if you obtain further or different information before trial.
- b. Where the name or identity of a person is requested, please state the full name, home address, and also business address, if known.
- c. Unless otherwise indicated, these Interrogatories refer to the time, place and circumstances of the occurrence mentioned or complained of in the pleadings.
- d. Where knowledge or information in possession of a party is requested, such request includes knowledge of the party's agents, representatives, and, unless privileged, of the attorneys. When answer is made by a corporate defendant, state the name, address, and

title of the person supplying the information, and making the affidavit, and the source of his information.

e. The pronoun "you" refers to the party to whom these Interrogatories are addressed, and the persons mentioned in clause (d).

INTERROGATORY NO. 1: State your full name, address, date of birth, marital status, social security number, each and every address at which you have ever resided, and the dates of your residence at each address, educational background, current occupation and employment history for the past ten (10) years, and any other names by which you have ever been known including maiden name, if any.

INTERROGATORY NO. 2: If you have ever suffered any injuries, serious illness, sickness, disease, or surgical operations, either prior or subsequent to the date of the accident alleged in the First Amended Class Action Complaint, state the date and place of such injury or condition, a detailed description of all the injuries or conditions you sustained, the names and addresses of any hospitals, physicians, surgeons, osteopaths, chiropractors or other medical practitioners rendering treatment, the nature and extent of recovery, and, if any permanent disability was suffered, the nature and extent of the permanent disability, and if you were compensated in any manner for any such injury or condition, state the names and addresses of each and every person or organization paying such compensation and the amount thereof.

INTERROGATORY NO. 3: Identify each health care provider who has examined, treated, or consulted with you for the injuries allegedly sustained in the accident alleged in the First Amended Class Action Complaint, stating the name, address, and specialty of each health care provider, the date of each examination and/or treatment,

the nature of such examination and/or treatment, the CPT code for each treatment, and the charge from each health care provider for each CPT code.

INTERROGATORY NO. 4: If you contend that the party propounding these Interrogatories at any time made an admission against interest through its past or present agents, servants and/or employees with respect to any issue involved in this litigation, identify any person making such an admission, the date and place and in whose presence such admission against interest was made, to whom such admission was made, and specify, in detail, the nature of any such admission, and identify any and all documents which relate to, refer to, embody or describe the admission.

INTERROGATORY NO. 5: If you or your representatives had any conversation or communication with any agents, servants and/or employees of Defendants, or are aware of any statements made by any agents relating to any matters alleged in the complaint, identify the date of each communication or statement, each person involved as a participant or witness to the communication or statement, each person with personal knowledge or information relating to the communication or statement, the substance of each such communication or statement, and identify any and all documents which relate to, refer to, embody or describe the communication or statement.

INTERROGATORY NO. 6: Identify any and all experts, whom you propose to call at trial to support any matter alleged in you complaint, including, but not limited to, doctors, chiropractors, physical therapists, psychiatrists, psychologists, other health care providers, engineers, economists and accountants, and with respect to each expert, state the name and address of each such expert, his or her education, employment and professional background, any publication and non-published reports or studies that each

such expert has authored, co-authored or helped to write or to research, the subject matter on which he or she is expected to testify, the substance of the facts and opinions to which he or she is expected to testify and a summary of the grounds for each such opinion; and identify all reports, resumes and statements received from each expert concerning the subject matter of this case. Attach copies of any written reports, which you have received from those experts, to your Answers and provide a list of all matters in which the expert has provided trial or deposition testimony within the past four (4) years.

INTERROGATORY NO. 7: Itemize every medical bill which you allege Defendants wrongfully reduced or failed to pay in whole or in part, stating all facts upon which you rely that the medical bills incurred and submitted in support of your claim for PIP benefits were reasonable and that the care rendered was necessary and causally related to your accident, and state the name, address, and phone number of any person having personal knowledge of those facts.

INTERROGATORY NO. 8: With regard to each bill which you allege was wrongfully reduced or denied by Defendants, or not paid within the time prescribed by statute, identify the health care provider, the date and amount of billed services, the amount, if any, paid by Defendants, the amount, if any, paid to the provider, whether collection efforts or lawsuits have been filed against you, and if so, fully describe each such effort or lawsuit and identify the case name, case number, counsel for the provider, the date the lawsuit was filed and state all facts upon which you rely that the medical bills incurred and submitted in support of your claim for PIP benefits were reasonable and that the care rendered was necessary and causally related to your accident.

INTERROGATORY NO. 9: With regard to your contention that Defendants acted fraudulently in their evaluation of your PIP claims, state with specificity, the nature of any false representations made by Defendants, the nature of the information concealed, the identity of those persons alleged to have made the false representations, the person to whom such false representations were allegedly made, the date upon which such false representations were made, the manner in which the false representations were made (i.e. whether such representations were made in writing or verbally, and if in writing the nature of such writing), the circumstances under which such representations were made, the specific manner in which you justifiably relied upon such representations and when such reliance occurred, and the nature and amount of damages sustained as a result of your reliance and identify the name, address, and phone number of any person having personal knowledge of any facts in support of your contention.

INTERROGATORY NO. 10: For each and every medical bill for which you or your health care provider requested reconsideration of a payment decision made by the Defendants, identify the health care provider, the date of service, the date reevaluation was requested, the reason(s) provided in support of the reevaluation request and what response you received and identify all documents related to the reevaluation request.

INTERROGATORY NO. 11: If any health care provider who provided treatment to you as a result of the accident in question has taken any steps to collect any bills which were not paid, identify the provider(s), identify any outside agency, or other entity involved in any collection efforts, describe in detail the nature of all efforts, including whether a lawsuit was filed, and state the current status.

INTERROGATORY NO. 12: If you deny that you and/or your attorney and your health care providers received specific notification of all claims handling payment decisions made by Defendants at the time payments were made, reduced or denied, identify each specific invoice for which you claim you, your attorney and/or your health care provider did not receive such notification.

INTERROGATORY NO. 13: With regard to your allegation that you and all those similarly situated purchased GEICO insurance because Defendants represented they would cover claims in the event of an automobile accident and because you believed Defendants would fully cover properly submitted claims in the event of an automobile accident, state all facts upon which you rely to support that allegation.

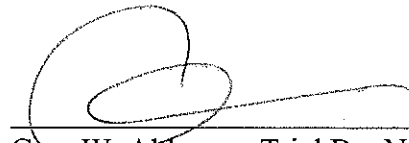
INTERROGATORY NO. 14: With regard to your claim that you are entitled to punitive damages under Count III Bad Faith Breach of Contract, Count IV Breach of the Duty of Fair Dealing, Count V Common Law Fraud, and Count VI Consumer Fraud, state the factual and legal basis for your claim and identify any documents which support that claim.

INTERROGATORY NO. 15: With regard to your claim that you are entitled to treble damages under 6 Del. C. § 2513, state the factual and legal basis for your claim and identify any documents which support that claim.

INTERROGATORY NO. 16: Have you filed a lawsuit against any person or entity arising out of the accident of August 3 2004. If so, state the name of the person or entity, the jurisdiction in which the lawsuit was filed, the name and address of the attorney who represented the defendant, the insurance company that insured or provided

coverage to the defendant, the insurance company's claim number and the outcome of the lawsuit; and if the claim was settled, state the name of the person or entity with whom you have settled, the date settlement was reached and the amount of the settlement.

INTERROGATORY NO. 17: Provide the name, address, and phone number of any person not mentioned elsewhere in these answers having personal knowledge of facts material to each claim submitted which is the subject of this lawsuit.



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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14th day of November, 2007, a copy of the foregoing was mailed, first class mail, postage prepaid, to:

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